and is at its height in half-an-hour. During the time that the eruption is fading the line of demarcation is fairly well marked, but less so than it is while spreading.

While this was a quinine rash, the stimulus derived from the whisky appeared to be essential to its production, and now that he is becoming accustomed to the whisky, a larger amount is required to produce the eruption. Tr. Cinchona Co. has since been ordered for him, and while taking this form of the drug the whisky fails to produce the rash.

COMPOUND DISLOCATION BACKWARDS OF THE TERMINAL PHALANX OF THE THUMB.

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This form of dislocation of the thumb is when simple not very rare; it is not quite so commonly seen when compound, still it falls to the lot of every surgeon to see one or more cases. Many surgeons advise amputation in all compound dislocations of the phalanges, others prefer resection of the joint, while others again affirm that they have the best results by simply reducing the dislocation by extension or manipulation, and after reduction placing the digit in a splint and using evaporating lotions. Each case, however, must be treated on its merits. In the case I am about to relate I amputated the phalanx for several reasons, viz.: On account of the state of the joint, the age of the patient, the length of time that had elapsed since the accident, and last, but not least, because I have seen just such injuries, when left alone, end in tetanus.

Chas. Garrod, labourer, aged 68, came to the Montreal General Hospital, July 11th, 1881, complaining of a sore thumb. He said that five days ago he had slipped and fallen, and in trying to save himself had thrown out his right hand and had hurt his thumb; that as the thumb was not very painful at the time he did not bother much about it or consult a doctor. Now it was becoming painful, and as he was passing the hospital he thought he would come in and see what could be done for him. On examination I found that the terminal phalanx was dislocated backwards, and the distal end of the first phalanx protruded through a wound which extended completely across the palmar surface of the thumb. The flexor tendon could not be seen through the wound. The thumb was much swollen, red and inflamed, and a small amount of fœtid pus was being discharged from the wound. As the man was old, the joint suppurating, and the result of excision doubtful, it was thought better to amputate the last phalanx. This was done, the flap being taken from the dorsal surface, and the protruding end of the first phalaux cut off. A pocket of pus was found at the back of the joint, and the flexor tendon was seen completely torn across. The wound healed without a bad symptom in ten days. It was very remarkable how little trouble such a condition of affairs gave the old man. He did not cease from work, and only came to the hospital because he happened to be in the neighbourhood, and it was with difficulty I could persuade him to allow me to remove the phalanx, for, as he thought, so trifling an injury.

GUNSHOT WOUND OF ABDOMEN.

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Peter Lappan, æt. 40 years, was on the morning of the 20th August wounded by a revolver shot. (Weight of ball ℥ss.) He was in the act of drinking a glass of ale, or as he termed it an appetizer for breakfast, not having had anything to eat previously. I saw him about twenty minutes after the accident. He was very pale, and had vomited once or twice. Pulse 80, very feeble. Thinking him in extremis, I decided to wait until my partner, Dr. Street, arrived, whom I had telephoned for on receipt of message, before making a thorough examination. In the meantime I gave him an ounce of brandy and water, which he vomited. On the arrival of Dr. S. we examined the wound. The ball entered the epigastrium, a quarter of an inch below the ensiform cartilage, and half an inch to the right of the median line. We followed the course of the ball about three inches, until the cavity of the abdomen was entered. Thinking it unsafe to proceed further at this time, we desisted. At one p.m.